

ADDENDUM TO THE FY2002 YEAR-END HOSPITAL DISCHARGE DATABASE

Note #1: The following fields have the sign incorrectly reported. To correct this issue, simply multiply each field by -1.

- Number of Days in hospital when FIRST procedure performed.
- Number of Days in hospital when SECOND procedure performed.
- Number of Days in hospital when THIRD procedure performed.

Note #2: Page 67 - Comment added by Wing Hospital *after* May 2003 Release of FY2002 HDD Database.
Documentation Manual updated August 2, 2004.

Division of Health Care Finance and Policy

Fiscal Year 2002

**Inpatient Hospital
Discharge Database
Documentation Manual**

Updated Version – August 2, 2004

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General Documentation
FY2002 Inpatient Hospital Discharge Database

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INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2002 database.

Section I. General Documentation

The General Documentation for the fiscal year 2002 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

Copies of *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data* and *Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662.

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CD SPECIFICATIONS

Hardware Requirements:

- * CD ROM Device
- * Hard Drive with 1.60 GB of space available

CD Contents:

* This CD contains the “Final / Full Year” 2002 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below.

- (a) “Hosp_Inpatient_Discharge_2002_L1_zipped.exe” will expand out to
“Hosp_Inpatient_Discharge_2002_L1.mdb”
- (b) “Hosp_Inpatient_Services_2002_zipped.exe” will expand out to
“Hosp_Inpatient_Services_2002.mdb”

In the above examples, 2002 represents Hospital Fiscal Year 2002 and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

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SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY02 Data Base
4. DRG Grouper Methodology

General Documentation
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PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods, the development of the FY2002 hospital case mix database, and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2002 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2002 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2002, and those that failed to provide any FY2002 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2002 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2001 – December 31, 2001
Quarter 2:	January 1, 2002 – March 31, 2002
Quarter 3:	April 1, 2002 – June 30, 2002
Quarter 4:	July 1, 2002 – September 30, 2002

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2002 DATABASE

In 2001, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database.

It is important to note this year's changes. New additions include an ER indicator and an Observation indicator that went into effect on October 1, 2001. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2002 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

All Patient DRG Groupers (3M AP-DRG Versions 12.0, 14.1, 18.0)
All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population. For the past several years, both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 were included in the database. The purpose of providing these two groupers on the database was to allow consistency for data users of previously released databases that contain the AP-V8.1 and AP-V12.0.

As of fiscal year-end 2001, the Division began to use 3M's AP-DRG V12.0, V14.1, and V18.0 groupers with the database. AP-DRG Version 8.1 has been discontinued and the most current 3M AP-DRG Version 18.0 Grouper was added to the database. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, and 18.0 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers V12.0, V14.1, and V18.0.

DRGs and the Verification Report Process

The hospital's profile of discharges, grouped by AP-DRG 12.0, AP-DRG 14.1, and AP-DRG 18.0, is part of the verification report and it is this grouped profile on which the hospitals commented.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued:

All Patient Refined Grouper (3M APR-DRG 15.0)

As of FY1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Database. The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 15.0 is the most current and year-2000 compliant version of the APR Grouper. This version (15.0) has replaced the previously used APR V12.0 for grouping the HDD patient data.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

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DRG Groupers:

All Patient Refined Grouper V. 15.0 - Continued

The Division's FY 2002 Discharge Database contains the **APR- DRG 15.0, the APR-MDC 15.0, the severity subclass, and the mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR – V15 Severity Level**".¹ For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR – V15 Mortality Level**".

All three groupers, versions 12.0, 14.1, 18.0, and the All Patient Refined Version 15.0 are included in the FY2002 Hospital Discharge Database.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG Groupers included in the database. These are available upon request.

¹ Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in the database.

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PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

Type A: One error per discharge causes rejection of discharge.

Type B: Two errors per discharge causes rejection of discharge.

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA

1. DATA QUALITY STANDARDS

Verification Report Process – Continued

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax #617-727-7662.

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

Case Mix Data

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

Charge Data

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

Ancillary Services

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00.

Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

Routine Services

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.

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PART B. DATA

3. GENERAL DATA CAVEATS

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's tape;
- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

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PART B. DATA

3. GENERAL DATA CAVEATS - Continued

Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their tape within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III).

Patient Race

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Payer Codes

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

A complete listing of Payer types and sources can be found in this manual in the Supplementary Information.

Source of Admission

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an HMO Referral or Direct Health Plan Referral). "Clinic Referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". And "Emergency Room Transfer" was further delineated to include "Outside Hospital Emergency Room Transfers" and "Walk-In/Self-Referrals". (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room". These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from Within" is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider;
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

Unique Health Identification Number (UHIN)

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of October 1, 2001)

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

ER Indicator

A flag to indicate whether the patient was admitted from the hospital's emergency department.

Observation Indicator

A flag to indicate whether the patient was admitted from the hospital's outpatient observation department.

New Payer Sources

The following new payer sources were added as of October 1, 2001:

207 – Network Health (Cambridge Health Alliance MCD Program)

208 – HealthNet Boston (Boston Medical Center MCD Program)

272 – Auto Insurance

990 – Free Care – co-pay, deductible, or co-insurance (for use with #143)

New Payer Type

One new payer type was added – Auto Insurance (Code T – Abbreviation AI).

c. New Data Elements (as of October 1, 1999)

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

Secondary Source of Admission

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

PART B. DATA

4. SPECIFIC DATA ELEMENTS

c. New Data Elements (as of October 1, 1999) – *Continued*

Do Not Resuscitate (DNR) Status

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to one year old)

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

A hospital determined number used to distinguish multiple sites that fall under one Massachusetts Department of Public Health (MDPH) facility number.

Organization ID

A unique facility number assigned by the Division.

Associated Diagnosis 9 – 14

This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

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FY2002 Inpatient Hospital Discharge Database

PART B. DATA

d. Important Note Regarding the Use of Race Codes

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to current and future data you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

Race Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products except pre-2000 Inpatient, and is the same format as reported to the Division.

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA

e. DHCFP Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.**

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)**

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the DHCFP has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN; invalid SSNs are set to “-----”.

**Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

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FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY2002 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center	X			
2313	Berkshire Medical Center	X			
2069	Beth Israel Deaconess Medical Center	X			
2054	Beth Israel Deaconess – Needham	X			
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			
2225	Caritas Holy Family Hospital	X			

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2KGH	Caritas Norcap Lodge of Caritas Good Samaritan	X			
2114	Caritas Norwood Hospital	X			
2011	Caritas St. Anne's	X			
2085	Caritas St. Elizabeth's	X			
2139	Children's Hospital	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Center	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center	X			

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2038	Hallmark Health – Lawrence Memorial Hospital	X			
2058	Hallmark Health – Melrose Hospital	X			
2143	Harrington Memorial Hospital		X		Explanation received.
2034	Health Alliance Hospitals, Inc.	X			
2036	Heywood Hospital	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2091	Kindred Hospital – Boston			X	Unable to verify data.
2171	Kindred Hospital – North Shore			X	Unable to verify data.
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2103	Marlborough Hospital	X			
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital	X			
2167	Massachusetts Eye & Ear Infirmary	X			
2168	Mass. General Hospital		X		Hospital checked "A" yet noted discrepancies. See comment section.
2150	Mercy Hospital - Providence	X			
2149	Mercy Hospital – Springfield	X			
2131	Merrimack Valley	X			
2020	MetroWest Medical Center – Framingham		X		Explanation received.
2039	MetroWest Medical Center – Leonard Morse		X		Explanation received.
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital		X		Explanation received.
2298	Nashoba Valley Medical Center	X			
2059	New England Baptist Hospital		X		No explanation received.
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2151	Quincy Medical Center	X			
2063	Saints Memorial Medical Center	X			
2014	Salem Hospital		X		Explanation received.
2107	South Shore Hospital		X		Explanation received.

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2002
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2337	Southcoast Health Systems – Charlton Memorial Hospital	X			
2010	Southcoast Health Systems – St. Luke's Hospital	X			
2106	Southcoast Health Systems – Tobey	X			
2128	Saint Vincent Hospital		X		Explanation received.
2100	Sturdy Memorial Hospital	X			
2299	Tufts New England Medical Center	X			
2841	UMass. Memorial Medical Center	X			
2073	Union Hospital		X		Explanation received.
2067	Waltham Hospital	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center	X			Discrepancies reported after release of May 2003 HDD Database. See explanation.

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used per Patient
- Month of Discharge
- DRGs
- Number of Procedure Codes used per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principal ECODES
- Top 20 DRGs / Rank Order
- Number of Discharges
- Top 20 MDCs / Rank Order

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Type of Admission	Source of Admission	Age	Sex	Race	Payer
Harrington Memorial		X				
MetroWest – Framingham		X				
MetroWest – Leonard Morse		X				
Nantucket Cottage Hospital	X	X	X	X	X	X
New England Baptist		X				
Saint Vincent Hospital						X
Salem Hospital		X				
South Shore Hospital		X				
Union Hospital		X				

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

Hospital	Length of Stay	Disposition	# Diag. Codes / Patient	Month of Discharge	DRGs	# Proc. Codes / Patient
Nantucket Cottage Hospital	X	X		X	X	
Wing Memorial Hospital		X				

Hospital	Accommodation Charges	Ancillary Charges	Top 20 E-Codes	Top 20 DRGs Rank Order	# Discharges	Top 20 MDCs / Rank Order
Massachusetts General	X	X				
Nantucket Cottage				X		
Noble Hospital	X	X		X		
Saint Vincent Hospital		X				

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2002

<u>Hospital</u>	<u>Page</u>
Harrington Memorial Hospital	34
Massachusetts General Hospital	35
MetroWest – Framingham	36
MetroWest – Leonard Morse	37
Nantucket Cottage Hospital	38
New England Baptist	60
Noble Hospital	61
Saint Vincent Hospital	63
Salem Hospital	64
South Shore Hospital	65
Union Hospital	66
Wing Memorial Hospital	67

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON MEMORIAL HOSPITAL

Harrington Memorial Hospital reported one major discrepancy in the area of source of admission. The report showed a total of 1,951 patients admitted from a source of “Outside Hospital ER Transfer”, while the hospital’s records indicated that these patients were admitted from a source “Within Hospital ER Transfer”.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital reported discrepancies in the areas of ancillary charges and accommodation charges. For Q4, the report showed a total of \$84,551,187 routine accommodation charges, while the hospital records showed a total of \$84,648,269. For Q4, the report showed a total of \$284,607,445 ancillary service charges while the hospital records showed a total of \$284,510,363. The difference between both of these dollar categories is \$97,082.

Please note that the hospital checked an “A” response on the verification form, yet noted the above discrepancies.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER – FRAMINGHAM

MetroWest Medical Center – Framingham, reported a discrepancy in the area of Source of Admission. For Q1, the hospital's total is zero for "M – Walk-In/Self-Referral", and 1,344 for "R-Within Hospital Emergency Room Transfer".

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER – LEONARD MORSE

MetroWest Medical Center – Leonard Morse, reported a discrepancy in the area of Source of Admission. For Q1, the hospital's total is zero for "M – Walk-In/Self-Referral", and 837 for "R-Within Hospital Emergency Room Transfer".

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Nantucket Cottage Hospital indicated that the information in the verification report was an accurate reflection of the 541 cases that were submitted. However, the hospital's census information indicated a discrepancy of 10 cases for FY2002. The discrepancies were in the area of Type of Admission, Source of Admission, Age, Payer, Length of Stay, Disposition, Month of Discharge, DRGs (APD 12 & 14), and Top 20 DRGs/Rank Order (AP12 & AP14).

Six of the ten cases were newborns that had not been linked in the system to the mother's record. Four of the ten cases were in process at the time the tape was submitted, which prevented the system from recognizing the records as eligible for the rate tape. Copies of the corrected reports are attached.

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Source of Admission Frequency Report

Codes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Information Not Available	0	0	0	0	0
Direct Physician Referral	52	40	35	43	170
Normal Delivery * includes all newborns	23	18	19	24	84
Extramural Birth	0	0	0	1	1
Transfer from Acute Care Hospital	0	0	0	1	1
Outside Hospital ER Transfer	61	78	77	79	295
Total	136	136	131	148	551

Admission Type Frequency Report

Codes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 – Emergency	4	3	12	12	31
2 – Urgent	96	100	73	71	340
3 – Elective	13	16	30	47	106
4 – Newborn	23	17	16	18	74
Total	136	136	131	148	551

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Discharges by Age Category Frequency Report

Codes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Ages 0 – 14	27	22	20	27	96
Ages 15 – 20	2	4	3	1	10
Ages 21 – 44	43	35	33	49	160
Ages 45 – 64	19	15	22	19	75
Ages 65 – 69	2	3	1	7	13
Ages 70 – 74	2	2	7	6	17
Ages 75 – 84	22	26	19	24	91
Ages 85+	19	29	26	15	89
Total	136	136	131	148	551

Length of Stay Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
01 Day	41	44	45	32	162
02 Days	51	28	31	47	157
03 Days	12	23	16	32	83
04 Days	19	17	19	15	70
05 Days	5	7	8	5	25
06 Days	3	2	4	4	13
07 Days	1	4	1	1	7
08 Days	1	1	2	3	7
09 Days	1	2	0	2	5
10 Days	0	1	1	0	2
11 – 19 Days	2	5	2	5	14
20 or More Days	0	2	2	2	6
Total	136	136	131	148	551

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Patient Disposition Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
01 – Discharged/Transferred to home or self-care (routine discharge)	104	82	95	128	409
02 – Discharged/Transferred to another short-term general hospital	6	14	11	7	38
03 – Discharged/Transferred to Skilled Nursing Facility (SNF)	4	9	9	4	26
04 – Discharged/Transferred to Intermediate Care Facility (ICF)	0	1	2	0	3
05 – Discharged/Transferred to another type of institution for inpatient care or referred for out	0	0	1	1	2
06 – Discharged/Transferred to home under care of organized home health service organization	9	20	3	3	35
07 – Left Against Medical Advice	0	3	0	0	3
11 – Discharged/Transferred to mental health hospital	2	0	0	0	2
13 – Discharged/Transferred to rehab hospital	2	2	3	3	10
20 – Expired (or did not recover – Christian Science Patient)	9	5	7	2	23
TOTAL	136	136	131	148	551

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Discharge Month Frequency Report

Codes	Total
1.1 – October	39
1.2 – November	45
1.3 – December	52
2.1 – January	60
2.2 – February	34
2.3 – March	42
3.1 – April	45
3.2 – May	41
3.3 – June	45
4.1 – July	54
4.2 – August	48
4.3 – September	46
Total	551

Primary Payer Type Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
1 – Self-Pay	11	10	9	10	40
2 – Worker’s Compensation	0	0	0	1	1
3 – Medicare	43	56	53	49	201
4 – Medicaid	11	19	15	15	60
5 – Other Government Payment	0	2	2	0	4
6 – Blue Cross	39	26	32	48	145
7 – Commercial Insurance	24	20	16	23	83
9 – Free Care	8	3	4	2	17
Total Discharges	136	136	131	148	551

Patient Race Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
Black (2)	9	8	11	13	41
Hispanic (4)	3	3	5	2	13
Other (6)	0	1	0	3	4
White (1)	124	124	115	130	493
Total	136	136	131	148	551

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Patient Sex Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
Female (F)	81	89	88	98	356
Male (M)	55	47	43	50	195
Total	136	136	131	148	551

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Top 20 AP 14 DRG's with Most Total Discharges

Codes	Q1	Q2	Q3	Q4	Total
(629) Neonate, BWT >2499G, w/o SIGNIF OR PROC, W N	19	17	13	25	74
(373) Vaginal Delivery w/o Complicating Diagnoses	17	13	13	18	61
(088) Chronic Obstructive Pulmonary Disease	4	7	4	5	20
(089) Simple Pneumonia & Pleurisy Age >17 W CC	4	3	7	4	18
(127) Heart Failure and Shock	6	5	8	1	20
(371) Cesarean Section w/o CC	5	5	2	5	17
(167) Appendectomy w/o Complicated Principal Diag.	3	0	4	5	12
(143) Chest Pain	2	5	4	1	12
(090) Simple Pneumonia & Pleurisy Age > 17 w/o CC	2	2	1	7	12
(383) Other Antepartum Diagnoses w Medical Complic	2	2	3	4	11
(416) Septicemia >17	3	2	4	2	11
(751) Alcohol Abuse or Dependence, w/o CC	2	2	1	5	10
(372) Vaginal Delivery w Complicating Diagnoses	2	0	3	1	6
(138) Cardiac Arrhythmia & Conduction Disorders w	3	3	1	2	9
(014) Specific Cerebrovascular Disorders Except TI	3	0	4	1	8
(430) Psychoses	2	3	1	0	6
(379) Threatened Abortion	0	2	2	2	6
(204) Disorders of Pancreas except Malignancy	2	1	1	3	7
(182) Esophagitis, Gastroent & Misc Digest Disord	3	1	0	4	8
(025) Seizure & Headache Age >17 w/o CC	1	1	1	2	5
(174) G. I. Hemorrhage w/cc	1	2	4	1	8
(390) Neonate w/other signif prob.	2	0	4	0	6

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Top 20 AP 12 DRG's with Most Total Discharges

Codes	Q1	Q2	Q3	Q4	Total
(629) Neonate, BWT >2499G, w/o SIGNIF OR PROC, W N	19	17	13	25	74
(373) Vaginal Delivery w/o Complicating Diagnoses	17	13	13	18	61
(088) Chronic Obstructive Pulmonary Disease	4	7	4	5	20
(089) Simple Pneumonia & Pleurisy Age >17 W CC	4	3	7	4	18
(127) Heart Failure and Shock	6	5	8	1	20
(371) Cesarean Section w/o CC	5	5	2	5	17
(167) Appendectomy w/o Complicated Principal Diag.	3	0	4	5	12
(143) Chest Pain	2	5	4	1	12
(090) Simple Pneumonia & Pleurisy Age > 17 w/o CC	2	2	1	7	12
(383) Other Antepartum Diagnoses w Medical Complic	2	2	3	4	11
(416) Septicemia >17	3	2	4	2	11
(751) Alcohol Abuse or Dependence, w/o CC	2	2	1	5	10
(372) Vaginal Delivery w Complicating Diagnoses	2	0	3	1	6
(138) Cardiac Arrhythmia & Conduction Disorders w	3	3	1	2	9
(014) Specific Cerebrovascular Disorders Except TI	3	0	4	1	8
(430) Psychoses	2	3	1	0	6
(379) Threatened Abortion	0	2	2	2	6
(204) Disorders of Pancreas except Malignancy	2	1	1	3	7
(182) Esophagitis, Gastroent & Misc Digest Disord	3	1	0	4	8
(025) Seizure & Headache Age >17 w/o CC	1	1	1	2	5
(174) G. I. Hemorrhage w/cc	1	2	4	1	8
(390) Neonate w/other signif prob.	2	0	4	0	6

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
(629) Neonate, BWT >2499G, w/o SIGNIF OR PROC, W N	19	17	13	25	74
(373) Vaginal Delivery w/o Complicating Diagnoses	17	13	13	18	61
(088) Chronic Obstructive Pulmonary Disease	4	7	4	5	20
(089) Simple Pneumonia & Pleurisy Age >17 W CC	4	3	7	4	18
(127) Heart Failure and Shock	6	5	8	1	20
(371) Cesarean Section w/o CC	5	5	2	5	17
(167) Appendectomy w/o Complicated Principal Diag.	3	0	4	5	12
(143) Chest Pain	2	5	4	1	12
(090) Simple Pneumonia & Pleurisy Age > 17 w/o CC	2	2	1	7	12
(383) Other Antepartum Diagnoses w Medical Complic	2	2	3	4	11
(416) Septicemia >17	3	2	4	2	11
(751) Alcohol Abuse or Dependence, w/o CC	2	2	1	5	10
(372) Vaginal Delivery w Complicating Diagnoses	2	0	3	1	6
(138) Cardiac Arrhythmia & Conduction Disorders w	3	3	1	2	9
(014) Specific Cerebrovascular Disorders Except TI	3	0	4	1	8
(430) Psychoses	2	3	1	0	6
(379) Threatened Abortion	0	2	2	2	6
(204) Disorders of Pancreas except Malignancy	2	1	1	3	7
(182) Esophagitis, Gastroent & Misc Digest Disord	3	1	0	4	8
(025) Seizure & Headache Age >17 w/o CC	1	1	1	2	5
(750) Alcohol Abuse or Dependence, w CC	2	0	2	1	5
(467) Other Factors Influencing Health Status	0	2	1	2	5
(243) Medical Back Problems	1	0	1	3	5

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(183) Esophagitis, Gastroent & Misc Digest Disord	1	0	0	2	3
(175) G. I. Hemorrhage w/o CC	0	0	0	2	2
(174) G. I. Hemorrhage w CC	1	2	4	1	8
(140) Angina Pectoris	1	1	2	1	5
(628) Neonate Birthwt >2499G, w Signif or Proc *(390) Neonate w/Other Signif Problems	1	1	3	0	5
(544) CHF & Cardiac Arrhythmia w Major CC	1	3	0	0	4
(423) Other Infectious & Parasitic Diseases	1	0	1	2	4
(395) Red Blood Cell Disorders Age >17	1	2	1	0	4
(297) Nutritional & Misc Metabolic Disorders Age >	2	2	0	0	4
(296) Nutritional & Misc Metabolic Disorders Age >	0	2	1	1	4
(294) Diabetes Age >35	0	1	2	1	4
(180) G. I. Obstruction W CC	1	2	0	2	5
(015) Transient Ischemic Attack & Precerebral OCCL	0	0	3	1	4
(639) Neonate, Transferred <5 Days Old, Born Here	1	1	1	0	3
(552) Digest Syst Disord Except Esoph, Gastroent &	2	0	0	1	3
(421) Viral Illness Age >17	2	0	0	1	3
(366) Malignancy, Female Reproductive System, W CC	0	2	1	0	3
(277) Cellulitis Age >17 W CC	1	0	1	1	3
(188) Other Digestive System Diagnoses Age >17 W C	1	1	1	0	3
(142) Syncope & Collapse w/o CC	0	0	1	2	3
(139) Cardiac Arrhythmia & Conduction Disorders w/	1	1	1	0	3
(121) Circulatory Disorders W AMI & C.V. Comp Disc	0	1	2	0	3
(097) Bronchitis & Asthma Age > 17 W/O CC	0	1	1	0	2
(743) Opioid Abuse or Dependence, Left Against Med	0	2	0	0	2

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(651) High Risk Cesarean Section W/O CC * No corresponding DRG: Adjusted C-Section to accommodate this category	0	1	0	1	2
(389) Full term Neonate with Major problems	1	1	1	0	3
(585) Major Stomach, Esophageal, Duodenal, Small & La	0	1	0	1	2
(543) Circ Disorders Except AMI, Endocarditis, CHF	1	1	0	0	2
(450) Poisoning & Toxic Effects of Drugs Age>17 W	0	1	0	1	2
(422) Viral Illness & Fever of Unknown Origin Age	1	0	1	0	2
(384) Other Antepartum Diagnoses w/o Medical Complic	0	1	0	1	2
(376) Postpartum & Post Abortion Diagnoses W/O O.R.	0	2	0	0	2
(370) Cesarean Section W CC	0	0	1	1	2
(350) Inflammation of the Male Reproductive System	0	0	1	1	2
(322) Kidney & Urinary Tract Infections Age <18	0	1	1	0	2
(316) Renal Failure	0	2	0	0	2
(300) Endocrine Disorders W CC	0	2	0	0	2
(280) Trauma to the Skin, Subcut Tiss & Breast Age	0	0	1	1	2
(249) Aftercare, Musculoskeletal System & Connecti	0	2	0	0	2
(208) Disorders of the Biliary Tract W/O CC	0	0	0	1	1
(205) Disorders of Liver except Malig, Cirr, Alc Hep	1	1	0	0	2
(179) Inflammatory Bowel Disease	0	1	0	1	2
(172) Digestive Malignancy W CC	3	0	0	1	4
(148) Major Small & Large Bowel Procedures W CC	0	1	0	3	4
(134) Hypertension	1	1	0	0	2
(130) Peripheral Vascular Disorders W CC	0	2	1	0	3
(123) Circulatory Disorders W AMI, EXPIRED	0	2	0	0	2

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(122) Circulatory Disorders W AMI W/O C.V. Comp Di	1	0	0	1	2
(094) Pneumothorax W CC	0	0	1	1	2
(087) Pulmonary Edema & Respiratory Failure	1	0	1	0	2
(082) Respiratory Neoplasms	0	0	1	1	2
(024) Seizure & Headache Age>17 W CC	1	1	1	1	4
(775) Bronchitis & Asthma Age <18 W/O CC	0	1	0	0	1
(772) Simple Pneumonia & Pleurisy Age<18 W CC	0	1	0	0	1
(749) Alcohol Abuse or Dependence, Left Against Med	0	1	0	0	1
(748) Cocaine or Other Drug Abuse or Dependence W/	0	0	1	0	1
(714) HIV W Significant Related Diagnosis	1	0	0	0	1
(586) ENT & Mouth Disorders Age>17 W Major CC * (64) Ear, Nose, Mouth & Throat Malignancy	1	0	0	0	1
(584) Septecemia W Major CC * No corresponding DRG: Adjusted DRG 416 Septicemia (Total = 11)	0	1	0	0	1
(574) Blood, Blood Forming Organs & Immunological - *(398) Rect & Immunity Disorders W/CC	0	0	1	0	1
(570) Male Reproductive Disorders W Major CC	1	0	0	0	1
(563) Other Skin Disorders W Major CC	0	0	0	1	1
(557) Hepatobiliary & Pancreas Disorders W MAJOR	1	0	0	0	1
(542) Bronchitis & Asthma W Major CC * (96) Bronchitis & Asthma w/major CC	1	0	0	0	1
(541) Respiratory Disord Except Infectious, Bronch	0	1	0	0	1
(532) TIA, Precerebral Occlusions, Seizure & Head	0	0	1	0	1
(475) Respiratory System Diagnosis With Ventilator	0	1	0	0	1
(468) Extensive O.R. Procedure Unrelated to Princi	0	0	0	1	1

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(466) Aftercare w/o History of Malignancy as Secon	1	0	0	0	1
(464) Signs & Symptoms w/o cc	0	0	0	1	1
(451) Poisoning & Toxic Effects of Drugs Age <18	0	1	0	0	1
(449) Poisoning & Toxic Effects of Drugs >17 W	1	0	0	0	1
(447) Allergic Reactions Age >17	1	0	0	0	1
(426) Depressive Neuroses	1	0	0	0	1
(424) O.R. Procedure W Principal Diagnoses of Ment	0	0	0	1	1
(419) Fever of Unknown Origin Age >17 W CC	0	0	0	1	1
(417) Septicemia Age >18	0	1	0	0	1
(399) Reticuloendothelial & Immunity Disorders W/O	0	0	1	0	1
(380) Abortion W/O D&C	0	0	1	0	1
(377) Post Partum & Post Abortion Diagnoses W O.R.	1	0	0	0	1
(365) Other Female Reproductive System O.R. Proced	0	0	1	0	1
(364) D&C, Conization Except for Malignancy	0	1	0	0	1
(324) Urinary Stones W/O CC	0	1	0	0	1
(321) Kidney & Urinary Tract Infections Age >17 W/ - *(320) Kidney & UTI Age >17 W/CC	0	0	1	0	1
(281) Trauma to the Skin, Subcut Tiss & Breast Age	1	0	0	0	1
(278) Cellulitis Age >17 W/O CC	0	1	0	1	2
(274) Malignant Breast Disorders W CC	0	1	0	0	1
(264) Skin Graft &/Or Debrid For Skn Ulcer, Celluli	1	0	0	0	1
(258) Total Mastectomy For Malignancy W/O CC	0	0	0	1	1
(245) Bone Disease & Specific Arthropathies W/O C	0	1	0	0	1
(234) Other Musculoskeletal Sys & Conn Tiss O.R. Proc	0	0	1	0	1
(229) Hand or Wrist Proc, Except Major Joint Proc	0	1	0	0	1
(207) Disorders of the Biliary Tract W CC	2	0	0	0	2

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(206) Disorders of Liver Except Malig, Cirr, Alc, Hep	1	0	0	0	1
(176) Complicated Peptic Ulcer	0	0	0	1	1
(173) Digestive Malignancy W/O CC	1	0	0	0	1
(165) Appendectomy W Complicated Principal Diag W/	0	0	0	1	1
(164) Appendectomy W Complicated Principal Diag W	1	0	0	0	1
(160) Hernia Procedures Except Inguinal & Femoral	0	0	0	1	1
(145) Other Circulatory System Diagnoses W/O CC	0	0	1	0	1
(144) Other Circulatory System Diagnoses W CC	1	0	1	0	2
(141) Syncope & Collapse W CC	0	1	0	0	1
(132) Atherosclerosis W CC	1	0	0	0	1
(131) Peripheral Vascular Disorders W/O CC	0	1	0	0	1
(126) Acute & Subacute Endocarditis	0	0	0	1	1
(100) Respiratory Signs & Symptoms w/o CC	1	0	0	0	1
(095) Pneumothorax w/o CC	0	0	0	1	1
(079) Respiratory Infections & Inflammations Age >	0	1	0	0	1
(078) Pulmonary Embolism	0	0	1	0	1
(071) Laryngotracheitis	1	0	0	0	1
(065) Dysequilibrium	0	1	0	0	1
(034) Other Disorders of Nervous System W CC	1	0	0	0	1
(023) Nontraumatic Stupor & Coma	0	0	1	0	1
(018) Cranial & Peripheral Nerve Disorders W CC	0	0	1	0	1
(016) Nonspecific Cerebrovascular Disorders W CC	0	0	0	1	1
(012) Degenerative Nervous System Disorders	0	1	0	0	1
(010) Nervous System Neoplasms W CC	0	0	1	0	1

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG AP 14.1 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(388) Prematurity w/o major Problems	1	0	0	0	1
(346) Malignancy, Male Reproductive System W/CC	1	0	0	0	1
(166) Appendectomy w/o Complicated Principal Dx w/cc	0	0	0	1	1
(135) Cardiac Congenital Disorders & Vavular Disorders w/cc	0	1	0	0	1
TOTAL	136	136	131	148	551

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report

Codes	Q1	Q2	Q3	Q4	Total
(629) Neonate, BWT >2499G, w/o SIGNIF OR PROC, W N	19	17	13	25	74
(373) Vaginal Delivery w/o Complicating Diagnoses	17	13	13	18	61
(088) Chronic Obstructive Pulmonary Disease	4	7	4	5	20
(089) Simple Pneumonia & Pleurisy Age >17 W CC	4	3	7	4	18
(127) Heart Failure and Shock	6	5	8	1	20
(371) Cesarean Section w/o CC	5	4	2	4	15
(167) Appendectomy w/o Complicated Principal Diag.	3	0	4	5	12
(143) Chest Pain	2	5	4	1	12
(090) Simple Pneumonia & Pleurisy Age > 17 w/o CC	2	2	1	7	12
(383) Other Antepartum Diagnoses w Medical Complic	2	2	3	4	11
(416) Septicemia >17	3	1	4	2	10
(751) Alcohol Abuse or Dependence, w/o CC	2	2	1	5	10
(372) Vaginal Delivery w Complicating Diagnoses	2	0	3	1	6
(138) Cardiac Arrhythmia & Conduction Disorders w	3	3	1	2	9
(014) Specific Cerebrovascular Disorders Except TI	3	0	4	1	8
(430) Psychoses	2	3	1	0	6
(379) Threatened Abortion	0	2	2	2	6
(204) Disorders of Pancreas except Malignancy	2	1	1	3	7
(182) Esophagitis, Gastroent & Misc Digest Disord	3	1	0	4	8
(025) Seizure & Headache Age >17 w/o CC	1	1	1	2	5
(750) Alcohol Abuse or Dependence, w CC	2	0	2	1	5
(467) Other Factors Influencing Health Status	0	2	1	2	5
(243) Medical Back Problems	1	0	1	3	5

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(183) Esophagitis, Gastroent & Misc Digest Disord	1	0	0	2	3
(175) G. I. Hemorrhage w/o CC	0	0	0	2	2
(174) G. I. Hemorrhage w CC	1	2	4	1	8
(140) Angina Pectoris	1	1	2	1	5
(628) Neonate Birthwt >2499G, w Signif or Proc *(390) Neonate w/Other Signif. Problems	1	1	3	0	5
(544) CHF & Cardiac Arrhythmia w Major CC	1	3	0	0	4
(423) Other Infectious & Parasitic Diseases	1	0	1	2	4
(395) Red Blood Cell Disorders Age >17	1	2	1	0	4
(297) Nutritional & Misc Metabolic Disorders Age >	2	2	0	0	4
(296) Nutritional & Misc Metabolic Disorders Age >	0	2	1	1	4
(294) Diabetes Age >35	0	1	2	1	4
(180) G. I. Obstruction W CC	1	2	0	2	5
(015) Transient Ischemic Attack & Precerebral OCCL	0	0	3	1	4
(639) Neonate, Transferred <5 Days Old, Born Here	1	1	1	0	3
(552) Digest Syst Disord Except Esoph, Gastroent &	2	0	0	1	3
(421) Viral Illness Age >17	2	0	0	1	3
(366) Malignancy, Female Reproductive System, W CC	0	2	1	0	3
(277) Cellulitis Age >17 W CC	1	0	1	1	3
(188) Other Digestive System Diagnoses Age >17 W C	1	1	1	0	3
(142) Syncope & Collapse w/o CC	0	0	1	2	3
(139) Cardiac Arrhythmia & Conduction Disorders w/	1	1	1	0	3
(121) Circulatory Disorders W AMI & C.V. Comp Disc	0	1	2	0	3
(097) Bronchitis & Asthma Age > 17 W/O CC	0	1	1	0	2
(743) Opioid Abuse or Dependence, Left Against Med	0	2	0	0	2

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(651) High Risk Cesarean Section W/O CC * No corresponding DRG: Adjusted C-Section to accommodate this category	0	1	0	1	2
(389) Full term Neonate with Major problems	1	1	1	0	3
(585) Major Stomach, Esophageal, Duodenal, Small & La	0	1	0	1	2
(543) Circ Disorders Except AMI, Endocarditis, CHF	1	1	0	0	2
(450) Poisoning & Toxic Effects of Drugs Age>17 W	0	1	0	1	2
(422) Viral Illness & Fever of Unknown Origin Age	1	0	1	0	2
(384) Other Antepartum Diagnoses w/o Medical Complic	0	1	0	1	2
(376) Postpartum & Post Abortion Diagnoses W/O O.R.	0	2	0	0	2
(370) Cesarean Section W CC	0	0	1	1	2
(350) Inflammation of the Male Reproductive System	0	0	1	1	2
(322) Kidney & Urinary Tract Infections Age <18	0	1	1	0	2
(316) Renal Failure	0	2	0	0	2
(300) Endocrine Disorders W CC	0	2	0	0	2
(280) Trauma to the Skin, Subcut Tiss & Breast Age	0	0	1	1	2
(249) Aftercare, Musculoskeletal System & Connecti	0	2	0	0	2
(208) Disorders of the Biliary Tract W/O CC	0	0	0	1	1
(205) Disorders of Liver except Malig, Cirr, Alc Hep	1	1	0	0	2
(179) Inflammatory Bowel Disease	0	1	0	1	2
(172) Digestive Malignancy W CC	3	0	0	1	4
(148) Major Small & Large Bowel Procedures W CC	0	1	0	3	4
(134) Hypertension	1	1	0	0	2
(130) Peripheral Vascular Disorders W CC	0	2	1	0	3
(123) Circulatory Disorders W AMI, EXPIRED	0	2	0	0	2

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(122) Circulatory Disorders W AMI W/O C.V. Comp Di	1	0	0	1	2
(094) Pneumothorax W CC	0	0	1	1	2
(087) Pulmonary Edema & Respiratory Failure	1	0	1	0	2
(082) Respiratory Neoplasms	0	0	1	1	2
(024) Seizure & Headache Age>17 W CC	1	1	1	1	4
(775) Bronchitis & Asthma Age <18 W/O CC	0	1	0	0	1
(772) Simple Pneumonia & Pleurisy Age<18 W CC	0	1	0	0	1
(749) Alcohol Abuse or Dependence, Left Against Med	0	1	0	0	1
(748) Cocaine or Other Drug Abuse or Dependence W/	0	0	1	0	1
(714) HIV W Significant Related Diagnosis	1	0	0	0	1
(586) ENT & Mouth Disorders Age>17 W Major CC *(64) Ear, Nose, Mouth & Throat Malignancy	1	0	0	0	1
(584) Septecemia W Major CC * No corresponding DRG: Adjusted DRG 416 Septicemia (Total = 11)	0	1	0	0	1
(574) Blood, Blood Forming Organs & Immunological - *(398) Rect & Immunity Disorders W/CC	0	0	1	0	1
(570) Male Reproductive Disorders W Major CC	1	0	0	0	1
(563) Other Skin Disorders W Major CC	0	0	0	1	1
(557) Hepatobiliary & Pancreas Disorders W MAJOR	1	0	0	0	1
(542) Bronchitis & Asthma W Major CC * (96) Bronchitis & Asthma w/major CC	1	0	0	0	1
(541) Respiratory Disord Except Infectious, Bronch	0	1	0	0	1
(532) TIA, Precerebral Occlusions, Seizure & Head	0	0	1	0	1
(475) Respiratory System Diagnosis With Ventilator	0	1	0	0	1
(468) Extensive O.R. Procedure Unrelated to Princi	0	0	0	1	1

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(466) Aftercare w/o History of Malignancy as Secon	1	0	0	0	1
(464) Signs & Symptoms w/o CC	0	0	0	1	1
(451) Poisoning & Toxic Effects of Drugs Age <18	0	1	0	0	1
(449) Poisoning & Toxic Effects of Drugs >17 W	1	0	0	0	1
(447) Allergic Reactions Age >17	1	0	0	0	1
(426) Depressive Neuroses	1	0	0	0	1
(424) O.R. Procedure W Principal Diagnoses of Ment	0	0	0	1	1
(419) Fever of Unknown Origin Age >17 W CC	0	0	0	1	1
(417) Septicemia Age >18	0	1	0	0	1
(399) Reticuloendothelial & Immunity Disorders W/O	0	0	1	0	1
(380) Abortion W/O D&C	0	0	1	0	1
(377) Post Partum & Post Abortion Diagnoses W O.R.	1	0	0	0	1
(365) Other Female Reproductive System O.R. Proced	0	0	1	0	1
(364) D&C, Conization Except for Malignancy	0	1	0	0	1
(324) Urinary Stones W/O CC	0	1	0	0	1
(321) Kidney & Urinary Tract Infections Age >17 W/ - *(320) Kidney & UTI Age >17 W/CC	0	0	1	0	1
(281) Trauma to the Skin, Subcut Tiss & Breast Age	1	0	0	0	1
(278) Cellulitis Age >17 W/O CC	0	1	0	1	2
(274) Malignant Breast Disorders W CC	0	1	0	0	1
(264) Skin Graft &/Or Debrid For Skn Ulcer, Celluli	1	0	0	0	1
(258) Total Mastectomy For Malignancy W/O CC	0	0	0	1	1
(245) Bone Disease & Specific Arthropathies W/O C	0	1	0	0	1
(234) Other Musculoskeletal Sys & Conn Tiss O.R. Proc	0	0	1	0	1
(229) Hand or Wrist Proc, Except Major Joint Proc	0	1	0	0	1
(207) Disorders of the Biliary Tract W CC	2	0	0	0	2

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(206) Disorders of Liver Except Malig, Cirr, Alc, Hep	1	0	0	0	1
(176) Complicated Peptic Ulcer	0	0	0	1	1
(173) Digestive Malignancy W/O CC	1	0	0	0	1
(165) Appendectomy W Complicated Principal Diag W/	0	0	0	1	1
(164) Appendectomy W Complicated Principal Diag W	1	0	0	0	1
(160) Hernia Procedures Except Inguinal & Femoral	0	0	0	1	1
(145) Other Circulatory System Diagnoses W/O CC	0	0	1	0	1
(144) Other Circulatory System Diagnoses W CC	1	0	1	0	2
(141) Syncope & Collapse W CC	0	1	0	0	1
(132) Atherosclerosis W CC	1	0	0	0	1
(131) Peripheral Vascular Disorders W/O CC	0	1	0	0	1
(126) Acute & Subacute Endocarditis	0	0	0	1	1
(100) Respiratory Signs & Symptoms w/o CC	1	0	0	0	1
(095) Pneumothorax w/o CC	0	0	0	1	1
(079) Respiratory Infections & Inflammations Age >	0	1	0	0	1
(078) Pulmonary Embolism	0	0	1	0	1
(071) Laryngotracheitis	1	0	0	0	1
(065) Dysequilibrium	0	1	0	0	1
(034) Other Disorders of Nervous System W CC	1	0	0	0	1
(023) Nontraumatic Stupor & Coma	0	0	1	0	1
(018) Cranial & Peripheral Nerve Disorders W CC	0	0	1	0	1
(016) Nonspecific Cerebrovascular Disorders W CC	0	0	0	1	1
(012) Degenerative Nervous System Disorders	0	1	0	0	1
(010) Nervous System Neoplasms W CC	0	0	1	0	1

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

DRG APD 12 Frequency Report - *Continued*

Codes	Q1	Q2	Q3	Q4	Total
(388) Prematurity w/o major Problems	1	0	0	0	1
(346) Malignancy, Male Reproductive System W/CC	1	0	0	0	1
(166) Appendectomy w/o Complicated Principal Dx w/cc	0	0	0	1	1
(135) Cardiac Congenital Disorders & Vavular Disorders w/cc	0	1	0	0	1
TOTAL	136	136	131	148	551

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NEW ENGLAND BAPTIST HOSPITAL:

New England Baptist Hospital reported one discrepancy in the area of Source of Admission. No explanation was provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL:

Noble Hospital reported discrepancies in the areas of Accommodation Charges, Ancillary Charges, and Top 20 DRGs/Rank Order. The discrepancies resulted from adjustments to patient charges after the tapes were submitted. Please see the tables below.

Accommodation/Ancillary Charges per RSC Tapes

	Q1	Q2	Q3	Q4	Total
Med/Surg	1,827,657	2,043,819	1,779,354	1,970,688	7,621,518
ICU	649,449	552,586	496,266	700,257	2,398,558
Pedi	91,822	42,574	-	-	134,396
Psychiatric	1,104,824	1,223,841	1,209,774	1,218,499	4,756,938
Oncology	-	424	-	986	1,410
Rehabilitation	1,276,282	1,109,640	964,715	1,059,363	4,410,000
Ancillary Chgs.	5,873,225	5,947,861	5,558,189	6,331,087	23,710,362
Total	10,823,259	10,920,745	10,008,298	11,280,880	43,033,182

Meditech Reports

	Q1	Q2	Q3	Q4	Total
Med/Surg	1,821,199.40	1,977,906.50	1,779,384.30	1,970,717.50	7,549,207.70
ICU	649,446.30	552,594.90	496,269.80	700,258.00	2,398,569.00
Pedi	91,823.70	42,574.80	-	-	134,398.50
Psychiatric	1,104,821.80	1,223,841.20	1,209,776.60	1,218,496.40	4,756,936.00
Oncology	-	424.00	-	848.00	1,272.00
Rehab	1,276,280.00	1,109,634.50	964,714.90	1,059,363.60	4,409,993.00
Ancillary Chgs.	5,878,439.30	6,013,304.19	5,564,965.12	6,332,074.61	23,788,783.22
Total	10,822,010.50	10,920,280.09	10,015,110.72	11,281,758.11	43,039,159.42

Variance

	Q1	Q2	Q3	Q4	Total
Med/Surg	6,457.60	65,912.50	(30.30)	(29.50)	72,310.30
ICU	2.70	(8.90)	(3.80)	(1.00)	(11.00)
Pedi	(1.70)	(0.80)	-	-	(2.50)
Psychiatric	2.20	(0.20)	(2.60)	2.60	2.00
Oncology	-	-	-	138.00	138.00
Rehabilitation	2.00	5.50	0.10	(0.60)	7.00
Ancillary Chgs.	(5,414.30)	(65,443.19)	(6,776.12)	(987.61)	(78,421.22)
Total	1,248.50	464.91	(6,812.72)	(878.11)	(5,977.42)

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL - Continued:

DRG	Top 20 DRGs DHCFP	Meditech	Variance
430	415	415	-
462	254	254	-
143	139	143	4.00
127	124	149	25.00
89	106	126	20.00
426	78	78	-
183	75	55	(20.00)
88	72	85	13.00
138	62	80	18.00
14	57	67	10.00
139	56	43	(13.00)
121	55	57	2.00
182	53	79	26.00
541	49	44	(5.00)
296	46	58	12.00
204	43	47	4.00
209	42	49	7.00
122	34	32	(2.00)
544	31	24	
148	29	50	21.00
	1,820	1,935	122.00

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SAINT VINCENT HOSPITAL:

Saint Vincent Hospital reported discrepancies in the areas of Primary Payer Type and Ancillary Services.

The hospital noted on the Ancillary Services Frequency Report that M/S 270 Q3 & Q4; Diag. Radiology 320 Q4.; Blood 390 Q3 & Q4; ER 450 Q3 & Q4; MRI 610 all quarters; Observation 760 Q3 & Q4 and Psych 910 Q1 all have raised concern over the variations that have occurred. Analysis remains incomplete but will be pursued.

This same report was also absent the Hospital Based Physicians Emergency Service Revenues. Emergency Room Physicians were noted in previous reports as no longer running through the same billing system and therefore not appearing under the tape filings as they had in earlier fiscal years. Professional fees 980 averages about \$2,273,000 in gross revenue per quarter.

Primary Payer Type Frequency report was determined to have understated the Medicaid managed care discharges. The corrected quarterly figures should be 34 - Q1; 114 - Q2; 192 - Q3; 243 - Q4 for a total of 583 discharges. These were in Medicaid or HMO and should be removed thus restating those numbers as follows: Medicaid should be 268 - Q1; 245 - Q2; 289 - Q3; 270 - Q4 for a total of 1,072 discharges. HMO should be 1,681 - Q1; 1,680 - Q2; 1,572 - Q3; 1,579 - Q4 for a total of 6,512 discharges.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SALEM HOSPITAL

Salem Hospital reported one discrepancy in the area of Source of Admission. The hospital discovered that it had been incorrectly mapping the hospital admission source value 'EO' (within the hospital emergency room) to the Division's admission source value of '7'. (Note: In 1998, the value of '7' was redefined as outside the hospital emergency room.) All admission source values reported as '7' should have been reported as 'R' (defined as within hospital emergency room).

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTH SHORE HOSPITAL

South Shore Hospital reported one discrepancy in the area of Source of Admission. 3,699 records reported as “information not available” should have been reported as “Normal Newborns”.

5,082 records reported in Q3 & Q4 were categorized as “Outside Hospital Emergency Room Transfer” when they should have been categorized as “Inside Hospital Emergency Room Transfer”.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UNION HOSPITAL

Union Hospital reported one discrepancy in the area of Source of Admission. The hospital discovered that it had been incorrectly mapping the hospital admission source value 'EO' (within the hospital emergency room) to the Division's admission source value of '7'. (Note: In 1998, the value of '7' was redefined as outside the hospital emergency room.) All admission source values reported as '7' should have been reported as 'R' (defined as within hospital emergency room).

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FY2002 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

WING MEMORIAL HOSPITAL

Wing Memorial Hospital informed the Division on March 22, 2004 about a mapping problem for Patient Disposition values. All records reported as '05' were supposed to have been reported as '20'. The total number '20' Expired for FY2002 was 49. Please see tables below for corrected numbers by month and by year.

Disposition 20 Expired – By Month

1-Oct.	2-Nov.	3-Dec.	4-Jan.	5-Feb.	6-Mar.	7-Apr.	8-May	9-Jun.	10-Jul.	11-Aug.	12-Sep.	Total
4	3	6	2	7	4	2	4	5	3	2	7	49

Disposition 20 Expired – By Year

2000	2001	2002	Total
41	40	49	130

Please note: The hospital reported the discrepancies after the May 2003 release of the FY2002 Hospital Discharge Database.

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PART D. CAUTIONARY USE HOSPITALS

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PART D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. In 2001, the database file added a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

We are please to report that there are no cautionary use hospitals for FY2002. All hospitals submitted four quarters of acceptable data.

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

- 1. List of Hospitals Submitting Data for FY2002**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2002

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Beth Israel Deaconess
Beth Israel Deaconess – Needham
Boston Medical Center – Harrison Avenue Campus
Brigham & Women’s Hospital
Brockton Hospital
Cambridge Health Alliance
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norcap Lodge of Caritas Good Samaritan
Caritas Norwood Hospital
Caritas St. Anne’s
Caritas St. Elizabeth’s
Children’s Hospital
Clinton Hospital
Cooley-Dickinson Hospital
Dana Farber Cancer Institute
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Melrose Hospital
Harrington Memorial Hospital
Health Alliance Hospital
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Kindred Hospital – Boston
Kindred Hospital – North Shore
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
Mary Lane Hospital

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2002 - *Continued*

Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital – Providence
Mercy Hospital – Springfield
Merrimack Valley Hospital
MetroWest Medical Center – Framingham
MetroWest Medical Center – Leonard Morse
Milford-Whitinsville Regional Hospital
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
Quincy Medical Center
Saints Memorial Medical Center
Salem Hospital
South Shore Medical Center
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke's
Southcoast Health Systems – Tobey
Saint Vincent Hospital
Sturdy Memorial Hospital
Tufts New England Medical Center
UMass. Memorial Medical Center
Union Hospital
Waltham Hospital
Winchester Hospital
Wing Memorial Hospital

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

2. LIST OF HOSPITALS WITH NO DATA FOR FY2002

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2002.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2002, however, there were no cautionary use hospitals.

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	2054	\$18,848,718
2	Anna Jaques Hospital		1996	\$18,655,384
3	Anna Jaques Hospital		1914	\$17,676,340
4	Anna Jaques Hospital		2005	\$17,526,278
1	Athol Memorial Hospital	2226	354	\$2,847,488
2	Athol Memorial Hospital		361	\$3,000,576
3	Athol Memorial Hospital		317	\$2,739,572
4	Athol Memorial Hospital		253	\$2,089,005
1	Baystate Medical Center	2339	8667	\$124,261,792
2	Baystate Medical Center		8699	\$123,311,808
3	Baystate Medical Center		8757	\$132,762,194
4	Baystate Medical Center		8870	\$130,867,024
1	Berkshire Health Systems – Berkshire	2313	3172	\$36,391,923
2	Berkshire Health Systems – Berkshire		3247	\$36,236,080
3	Berkshire Health Systems – Berkshire		3290	\$35,947,544
4	Berkshire Health Systems – Berkshire		3284	\$35,012,041
1	Beth Israel Deaconess Medical Center	2069	8892	\$163,613,655
2	Beth Israel Deaconess Medical Center		9211	\$167,124,195
3	Beth Israel Deaconess Medical Center		9582	\$174,295,066
4	Beth Israel Deaconess Medical Center		9313	\$175,502,213
1	Beth Israel Deaconess – Needham	2054	496	\$5,602,977
2	Beth Israel Deaconess – Needham		486	\$6,276,506
3	Beth Israel Deaconess – Needham		462	\$5,582,295
4	Beth Israel Deaconess – Needham		510	\$6,208,026
1	Boston Medical Center – Harrison Ave.	2307	6691	\$89,388,180
2	Boston Medical Center – Harrison Ave.		6482	\$83,817,193
3	Boston Medical Center – Harrison Ave.		6548	\$89,159,565
4	Boston Medical Center – Harrison Ave.		6904	\$95,772,154
1	Brigham & Women's Hospital	2921	11835	\$336,780,077
2	Brigham & Women's Hospital		11849	\$332,911,648
3	Brigham & Women's Hospital		12363	\$355,276,065
4	Brigham & Women's Hospital		12641	\$356,208,786
1	Brockton Hospital	2118	3754	\$32,145,564
2	Brockton Hospital		3767	\$33,655,162
3	Brockton Hospital		3501	\$29,976,390
4	Brockton Hospital		3421	\$30,642,424

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Cambridge Health Alliance	2108	4157	\$50,776,162
2	Cambridge Health Alliance		4136	\$51,350,137
3	Cambridge Health Alliance		4202	\$51,747,161
4	Cambridge Health Alliance		4059	\$50,830,818
1	Cape Cod Hospital	2135	3916	\$37,223,719
2	Cape Cod Hospital		4131	\$39,144,669
3	Cape Cod Hospital		4179	\$38,211,824
4	Cape Cod Hospital		4410	\$40,480,926
1	Caritas Carney Hospital	2003	2143	\$22,091,719
2	Caritas Carney Hospital		2158	\$23,501,811
3	Caritas Carney Hospital		2110	\$21,479,284
4	Caritas Carney Hospital		2214	\$22,621,514
1	Caritas Good Samaritan Medical Ctr.	2101	2553	\$23,553,542
2	Caritas Good Samaritan Medical Ctr.		2769	\$26,675,378
3	Caritas Good Samaritan Medical Ctr.		2664	\$24,839,111
4	Caritas Good Samaritan Medical Ctr.		2669	\$25,293,367
1	Caritas Holy Family Hospital	2225	3375	\$28,663,991
2	Caritas Holy Family Hospital		3270	\$29,468,180
3	Caritas Holy Family Hospital		3398	\$28,428,444
4	Caritas Holy Family Hospital		3605	\$30,362,448
1	Caritas Norcap Lodge	2KGH	332	\$982,383
2	Caritas Norcap Lodge		353	\$1,050,748
3	Caritas Norcap Lodge		682	\$1,843,844
4	Caritas Norcap Lodge		829	\$2,284,252
1	Caritas Norwood Hospital	2114	3129	\$32,326,361
2	Caritas Norwood Hospital		3212	\$33,548,482
3	Caritas Norwood Hospital		3049	\$32,042,711
4	Caritas Norwood Hospital		3117	\$31,860,600
1	Caritas St. Anne's Hospital	2011	1437	\$17,314,398
2	Caritas St. Anne's Hospital		1530	\$20,188,984
3	Caritas St. Anne's Hospital		1347	\$19,846,596
4	Caritas St. Anne's Hospital		1298	\$19,222,965
1	Caritas St. Elizabeth's Hospital	2085	3748	\$70,551,275
2	Caritas St. Elizabeth's Hospital		3971	\$71,339,342
3	Caritas St. Elizabeth's Hospital		3836	\$57,985,982
4	Caritas St. Elizabeth's Hospital		3943	\$60,168,391
1	Children's Hospital	2139	3920	\$119,336,055
2	Children's Hospital		4207	\$117,161,007
3	Children's Hospital		4063	\$127,431,491
4	Children's Hospital		4203	\$120,844,688
1	Clinton Hospital	2126	327	\$3,388,589
2	Clinton Hospital		398	\$4,085,141
3	Clinton Hospital		374	\$3,739,545
4	Clinton Hospital		336	\$3,724,901

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Cooley Dickinson Hospital	2155	2133	\$16,607,221
2	Cooley Dickinson Hospital		2322	\$17,351,786
3	Cooley Dickinson Hospital		2131	\$15,957,012
4	Cooley Dickinson Hospital		2038	\$15,759,988
1	Dana Farber Cancer Center	2335	253	\$11,282,831
2	Dana Farber Cancer Center		235	\$10,352,447
3	Dana Farber Cancer Center		238	\$10,455,966
4	Dana Farber Cancer Center		243	\$11,149,096
1	Emerson Hospital	2018	2315	\$24,905,839
2	Emerson Hospital		2367	\$25,687,794
3	Emerson Hospital		2315	\$24,803,167
4	Emerson Hospital		2258	\$25,246,818
1	Fairview Hospital	2052	420	\$3,883,433
2	Fairview Hospital		378	\$3,453,269
3	Fairview Hospital		433	\$3,266,818
4	Fairview Hospital		374	\$2,708,262
1	Falmouth Hospital	2289	1530	\$14,077,033
2	Falmouth Hospital		1688	\$14,729,566
3	Falmouth Hospital		1691	\$15,258,104
4	Falmouth Hospital		1737	\$15,629,459
1	Faulkner Hospital	2048	2018	\$26,168,170
2	Faulkner Hospital		2041	\$28,464,820
3	Faulkner Hospital		2035	\$29,049,605
4	Faulkner Hospital		1978	\$25,783,124
1	Franklin Medical Center	2120	1144	\$12,219,862
2	Franklin Medical Center		1220	\$12,107,981
3	Franklin Medical Center		1210	\$11,680,822
4	Franklin Medical Center		1242	\$11,144,658
1	Hallmark Health – Lawrence Memorial	2038	1161	\$13,701,150
2	Hallmark Health – Lawrence Memorial		1251	\$15,166,386
3	Hallmark Health – Lawrence Memorial		1183	\$14,780,509
4	Hallmark Health – Lawrence Memorial		1194	\$14,052,663
1	Hallmark Health – Melrose Hospital	2058	3075	\$24,464,698
2	Hallmark Health – Melrose Hospital		3084	\$25,398,548
3	Hallmark Health – Melrose Hospital		3118	\$25,539,199
4	Hallmark Health – Melrose Hospital		3010	\$24,788,352
1	Harrington Memorial Hospital	2143	886	\$7,133,097
2	Harrington Memorial Hospital		896	\$6,949,365
3	Harrington Memorial Hospital		903	\$7,318,294
4	Harrington Memorial Hospital		800	\$6,168,206
1	Health Alliance Hospital	2034	2230	\$15,796,563
2	Health Alliance Hospital		2444	\$17,543,384
3	Health Alliance Hospital		2306	\$17,145,749
4	Health Alliance Hospital		2313	\$16,504,502

General Documentation
FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Heywood Hospital	2036	1409	\$11,364,181
2	Heywood Hospital		1401	\$12,658,496
3	Heywood Hospital		1328	\$12,063,566
4	Heywood Hospital		1435	\$12,293,250
1	Holyoke Hospital	2145	1856	\$15,845,721
2	Holyoke Hospital		1979	\$17,719,932
3	Holyoke Hospital		1877	\$16,011,306
4	Holyoke Hospital		1998	\$16,321,115
1	Hubbard Regional Hospital	2157	527	\$4,019,867
2	Hubbard Regional Hospital		552	\$4,358,611
3	Hubbard Regional Hospital		528	\$4,338,642
4	Hubbard Regional Hospital		485	\$4,008,363
1	Jordan Hospital	2082	1998	\$18,188,090
2	Jordan Hospital		1991	\$18,385,330
3	Jordan Hospital		2013	\$17,921,954
4	Jordan Hospital		2034	\$18,291,044
1	Kindred Hospital - Boston	2091	137	\$10,514,201
2	Kindred Hospital - Boston		142	\$13,013,894
3	Kindred Hospital - Boston		114	\$12,865,549
4	Kindred Hospital - Boston		108	\$8,990,881
1	Kindred Hospital – North Shore	2171	113	\$7,666,718
2	Kindred Hospital – North Shore		128	\$11,577,884
3	Kindred Hospital – North Shore		126	\$11,615,764
4	Kindred Hospital – North Shore		124	\$9,933,927
1	Lahey Clinic Burlington	2033	4384	\$67,176,762
2	Lahey Clinic Burlington		4329	\$71,486,028
3	Lahey Clinic Burlington		4405	\$72,393,096
4	Lahey Clinic Burlington		4557	\$74,316,833
1	Lawrence General Hospital	2099	2729	\$24,934,385
2	Lawrence General Hospital		2607	\$25,338,011
3	Lawrence General Hospital		2541	\$25,179,447
4	Lawrence General Hospital		2546	\$23,229,098
1	Lowell General Hospital	2040	2983	\$20,316,453
2	Lowell General Hospital		2948	\$20,596,953
3	Lowell General Hospital		2830	\$22,271,817
4	Lowell General Hospital		2836	\$22,015,809
1	Marlborough Hospital	2103	829	\$7,753,121
2	Marlborough Hospital		941	\$9,072,670
3	Marlborough Hospital		856	\$8,658,251
4	Marlborough Hospital		867	\$8,480,140
1	Martha's Vineyard Hospital	2042	195	\$1,709,374
2	Martha's Vineyard Hospital		192	\$1,646,839
3	Martha's Vineyard Hospital		189	\$1,898,475
4	Martha's Vineyard Hospital		271	\$2,211,478

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Mary Lane Hospital	2148	431	\$2,941,825
2	Mary Lane Hospital		418	\$3,440,985
3	Mary Lane Hospital		445	\$3,139,635
4	Mary Lane Hospital		427	\$3,136,240
1	Mass. Eye & Ear Infirmary	2167	423	\$4,537,120
2	Mass. Eye & Ear Infirmary		388	\$4,506,359
3	Mass. Eye & Ear Infirmary		382	\$5,021,441
4	Mass. Eye & Ear Infirmary		402	\$5,021,258
1	Massachusetts General Hospital	2168	11548	\$376,417,871
2	Massachusetts General Hospital		11243	\$375,932,930
3	Massachusetts General Hospital		11936	\$407,869,674
4	Massachusetts General Hospital		11640	\$405,220,306
1	Mercy Hospital - Providence	2150	1080	\$11,153,242
2	Mercy Hospital - Providence		1037	\$10,494,531
3	Mercy Hospital - Providence		1064	\$10,972,251
4	Mercy Hospital - Providence		1017	\$11,737,518
1	Mercy Hospital - Springfield	2149	2851	\$37,724,060
2	Mercy Hospital - Springfield		3125	\$40,244,249
3	Mercy Hospital - Springfield		3025	\$42,636,242
4	Mercy Hospital - Springfield		3068	\$41,775,959
1	Merrimack Valley Hospital	2131	284	\$2,574,343
2	Merrimack Valley Hospital		456	\$4,462,333
3	Merrimack Valley Hospital		559	\$5,630,703
4	Merrimack Valley Hospital		744	\$8,298,004
1	MetroWest Medical Ctr. - Framingham	2020	2950	\$29,102,611
2	MetroWest Medical Ctr. - Framingham		2948	\$32,166,947
3	MetroWest Medical Ctr. - Framingham		2732	\$28,723,921
4	MetroWest Medical Ctr. - Framingham		2802	\$28,789,296
1	MetroWest Med. Ctr. – Leonard Morse	2039	1310	\$18,247,581
2	MetroWest Med. Ctr. – Leonard Morse		1361	\$21,396,106
3	MetroWest Med. Ctr. – Leonard Morse		1270	\$19,958,105
4	MetroWest Med. Ctr. – Leonard Morse		1327	\$20,337,491
1	Milford-Whitinsville Regional Hospital	2105	2062	\$21,497,704
2	Milford-Whitinsville Regional Hospital		2137	\$22,363,717
3	Milford-Whitinsville Regional Hospital		2169	\$21,718,941
4	Milford-Whitinsville Regional Hospital		2263	\$22,844,467
1	Milton Hospital	2227	1012	\$9,048,520
2	Milton Hospital		1055	\$9,680,307
3	Milton Hospital		1012	\$8,730,861
4	Milton Hospital		1008	\$8,803,032
1	Morton Hospital	2022	1809	\$14,194,767
2	Morton Hospital		1855	\$14,316,362
3	Morton Hospital		1818	\$13,582,128
4	Morton Hospital		1818	\$13,714,681

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Mount Auburn Hospital	2071	3075	\$29,527,228
2	Mount Auburn Hospital		3193	\$29,387,858
3	Mount Auburn Hospital		3497	\$30,573,407
4	Mount Auburn Hospital		3429	\$29,846,562
1	Nantucket Cottage Hospital	2044	131	\$574,794
2	Nantucket Cottage Hospital		136	\$828,830
3	Nantucket Cottage Hospital		129	\$810,238
4	Nantucket Cottage Hospital		145	\$1,016,410
1	Nashoba Valley Hospital	2298	554	\$3,765,664
2	Nashoba Valley Hospital		569	\$4,069,503
3	Nashoba Valley Hospital		531	\$3,491,092
4	Nashoba Valley Hospital		541	\$3,536,712
1	New England Baptist Hospital	2059	1344	\$27,923,814
2	New England Baptist Hospital		1318	\$29,730,923
3	New England Baptist Hospital		1369	\$33,637,359
4	New England Baptist Hospital		1334	\$28,622,033
1	Newton-Wellesley Hospital	2075	3433	\$36,770,161
2	Newton-Wellesley Hospital		3808	\$39,458,800
3	Newton-Wellesley Hospital		3946	\$39,710,092
4	Newton-Wellesley Hospital		3776	\$38,952,224
1	Noble Hospital	2076	849	\$10,823,259
2	Noble Hospital		925	\$10,920,745
3	Noble Hospital		873	\$10,008,298
4	Noble Hospital		919	\$11,280,880
1	North Adams Regional Hospital	2061	836	\$7,684,943
2	North Adams Regional Hospital		937	\$9,391,331
3	North Adams Regional Hospital		933	\$9,413,120
4	North Adams Regional Hospital		971	\$9,869,127
1	Northeast Health – Addison Gilbert	2016	538	\$3,789,529
2	Northeast Health – Addison Gilbert		620	\$4,783,857
3	Northeast Health – Addison Gilbert		522	\$3,865,932
4	Northeast Health – Addison Gilbert		536	\$3,976,110
1	Northeast Health – Beverly	2007	3811	\$28,313,614
2	Northeast Health – Beverly		4024	\$31,856,372
3	Northeast Health – Beverly		4033	\$30,396,676
4	Northeast Health – Beverly		4237	\$31,316,796
1	Quincy Medical Center	2151	1954	\$21,799,980
2	Quincy Medical Center		1932	\$22,373,765
3	Quincy Medical Center		1832	\$21,716,217
4	Quincy Medical Center		1750	\$20,616,421
1	Saints Memorial Medical Center	2063	1707	\$15,050,569
2	Saints Memorial Medical Center		1858	\$17,007,596
3	Saints Memorial Medical Center		1749	\$16,826,234
4	Saints Memorial Medical Center		1701	\$17,792,019

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Salem Hospital	2014	3706	\$25,730,478
2	Salem Hospital		3600	\$27,193,640
3	Salem Hospital		3750	\$26,040,667
4	Salem Hospital		3856	\$27,007,191
1	South Shore Hospital	2107	5048	\$40,193,613
2	South Shore Hospital		5147	\$41,475,012
3	South Shore Hospital		5455	\$44,759,200
4	South Shore Hospital		5527	\$46,462,534
1	Southcoast Health - Charlton	2337	3640	\$37,924,215
2	Southcoast Health - Charlton		3746	\$40,506,927
3	Southcoast Health - Charlton		3807	\$41,507,330
4	Southcoast Health - Charlton		3860	\$39,989,706
1	Southcoast – St. Luke’s	2010	4659	\$44,469,939
2	Southcoast – St. Luke’s		4866	\$49,587,182
3	Southcoast – St. Luke’s		4670	\$45,674,347
4	Southcoast – St. Luke’s		4728	\$45,243,550
1	Southcoast - Tobey	2106	922	\$7,384,408
2	Southcoast - Tobey		1030	\$8,536,525
3	Southcoast - Tobey		1012	\$7,984,264
4	Southcoast - Tobey		1132	\$8,744,254
1	Saint Vincent Hospital	2128	5097	\$72,609,046
2	Saint Vincent Hospital		5287	\$74,969,712
3	Saint Vincent Hospital		5321	\$77,739,379
4	Saint Vincent Hospital		5454	\$77,291,318
1	Sturdy Memorial Hospital	2100	1880	\$13,945,433
2	Sturdy Memorial Hospital		1904	\$15,004,395
3	Sturdy Memorial Hospital		1862	\$13,906, 943
4	Sturdy Memorial Hospital		1898	\$13,457,079
1	Tufts New England Medical Center	2299	4205	\$116,335,379
2	Tufts New England Medical Center		4272	\$112,687,018
3	Tufts New England Medical Center		4414	\$114,899,265
4	Tufts New England Medical Center		4344	\$113,440,035
1	UMass. Memorial Medical Center	2841	10151	\$165,338,086
2	UMass. Memorial Medical Center		10101	\$169,940,563
3	UMass. Memorial Medical Center		9992	\$171,510,465
4	UMass. Memorial Medical Center		10029	\$163,759,489
1	Union Hospital	2073	1583	\$15,522,337
2	Union Hospital		1669	\$16,533,352
3	Union Hospital		1644	\$15,755,015
4	Union Hospital		1575	\$14,719,245
1	Waltham Hospital	2067	1399	\$14,519,867
2	Waltham Hospital		1280	\$13,701,809
3	Waltham Hospital		1073	\$10,724,889
4	Waltham Hospital		1105	\$10,221,365

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FY2002 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2002

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Winchester Hospital	2094	3250	\$19,837,810
2	Winchester Hospital		3518	\$20,759,046
3	Winchester Hospital		3435	\$21,277,554
4	Winchester Hospital		3495	\$20,484,132
1	Wing Memorial Hospital	2181	493	\$3,757,278
2	Wing Memorial Hospital		615	\$4,573,932
3	Wing Memorial Hospital		592	\$4,488,548
4	Wing Memorial Hospital		501	\$3,619,643
	TOTALS		812,601	\$11,780,371,913.00
			Total Discharges	Total Charges

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Type A Errors and Type B Errors

Supplement II

Content of Hospital Verification Report Package

Supplement III

Hospital Addresses

Supplement IV

Hospital DPH ID, ORG ID, Hospital Service Site ID

Supplement V

Mergers, Name Changes, Closures, Conversions & Non-Acute Care Hospitals

Supplement VI

Alphabetical Source of Payment List

Supplement VII

Numerical Source of Payment List

SUPPLEMENT I. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS

TYPE ‘A’ ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payer Type
Claim Certificate Number
Secondary Payer Type
Mother’s Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL CHARGES)
Number of Discharges
Total Charges: Accommodations
Total Charges: Ancillaries
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
ED Flag
Observation Flag

TYPE 'B' ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight – grams
Employer Zip Code
Mother's Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Attending Physician National Provider Identifier (NPI)
ATT NPI Location Code
Operating Physician National Provider Identifier (NPI)
Operating NPI Location Code
Additional Caregiver National Provider Identifier
Date of Principal Procedure
Date of Significant Procedures (I & II)

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SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The **Hospital Verification Report*** includes the following frequency distribution tables:

Type of Admission
Source of Admission
Age
Sex
Race
Payer
Length of Stay
Disposition Status
Number of Diagnosis Codes Used per Patient
Number of Procedure Codes Used per Patient
Month of Discharge
*DRGs
Accommodation Charge Information
Ancillary Charge Information
Top 20 Principal E Codes
Top 20 DRGs with Most Total Discharges
MDCs listed in Rank Order Including DRG (468-470)
MDCs listed in Rank Order Excluding DRG (468-470)

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 12.0, 14.0, and 18.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950	Athol Memorial Hospital 2033 Main Street Athol, MA 01331
Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116	Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201
Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Beth Israel Deaconess Medical Center – Needham 148 Chestnut Street Needham, MA 02192	Boston Medical Center – Harrison Ave. Campus 88 East Newton Street Boston, MA 02118
Brigham & Women’s Hospital 75 Francis Street Boston, MA 02115	Brockton Hospital 680 Centre Street Brockton, MA 02402
Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143	Cape Cod Hospital 27 Park Street Hyannis, MA 02601
Caritas Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124	Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301
Caritas Holy Family Hospital 70 East Street Methuen, MA 01844	Caritas Norcap Lodge of Caritas Good Samaritan 71 Walnut Avenue Foxboro, MA 02035
Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062	Caritas St. Anne’s Hospital 795 Middle Street Fall River, MA 02721

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Caritas St. Elizabeth's Medical Center 736 Cambridge Street Brighton, MA 02135	Children's Hospital 300 Longwood Avenue Boston, MA 02115
Clinton Hospital 201 Highland Street Clinton, MA 01510	Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001
Dana Farber Cancer Center 44 Binney Street Boston, MA 02115	Emerson Hospital Route 2 Concord, NH 01742
Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230	Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540
Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130	Franklin Medical Center 164 High Street Greenfield, MA 01301
Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155	Hallmark Health Care – Melrose- Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176
Harrington Memorial Hospital 100 South Street Southbridge, MA 01550	Health Alliance Hospitals, Inc. 60 Hospital Road Leominster, MA 01453-8004
Heywood Hospital 242 Green Street Gardner, MA 01440	Holyoke Hospital 575 Beech Street Holyoke, MA 01040
Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570	Jordan Hospital 275 Sandwich Street Plymouth, MA 02360
Kindred Hospital Boston 1515 Commonwealth Avenue Boston, MA 02135	Kindred Hospital North Shore 15 King Street Peabody, MA 01960

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Lahey Clinic – Burlington Campus 41 Mall Road Burlington, MA 01805	Lawrence General Hospital One General Street Lawrence, MA 01842-0389
Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854	Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981
Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557	Mary Lane Hospital 85 South Street Ware, MA 01082
Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114
Mercy Hospital 271 Carew Street Springfield, MA 01102	Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798
MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701	MetroWest Medical Center Leonard Morse Campus 67 Union Street Natick, MA 01760
Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757	Milton Hospital 92 Highland Street Milton, MA 02186
Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780	Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238
Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554	Nashoba Valley Medical Center 200 Groton Road Ayer, MA 01432
New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120	Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Noble Hospital 115 West Silver Street Westfield, MA 01086	North Adams Regional Hospital Hospital Avenue North Adams, MA 01247
Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930	Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915
Providence Hospital 1233 Main Street Holyoke, MA 01040	Quincy Medical Center 114 Whitwell Street Quincy, MA 02169
Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852	Salem Hospital 81 Highland Avenue Salem, MA 01970
South Shore Hospital 55 Fogg Road South Weymouth, MA 02190	Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720
Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740	Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571
Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703
Tufts New England Medical Center 750 Washington Street Boston, MA 02111	University of Massachusetts Memorial Health Care – Memorial Medical Center 120 Front Street Worcester, MA 01608
Union Hospital 500 Lynnfield Street Lynn, MA 01904-1424	Waltham Hospital Hope Avenue Waltham, MA 02254
Winchester Hospital 41 Highland Avenue Winchester, MA 01890	Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187

General Documentation
FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Anna Jaques Hospital	1	2006	
Athol Hospital	2	2226	
Baystate Medical Center	4	2339	
Berkshire Health Systems – Berkshire Medical Campus	7	2313	7
Berkshire Health Systems – Hillcrest Hospital Campus	9	2231	9
Beth Israel Deaconess	10	2069	
Beth Israel Deaconess – Needham	53	2054	
Boston Medical Center – Harrison Avenue Campus	16	2307	16
Boston Medical Center – East Newton Street Campus	144	2307	144
Brigham & Women’s	22	2921	
Brockton Hospital	25	2118	
Cable Emergency Center	3118		
Cambridge Health Alliance – Cambridge Campus	27	2108	27
Cambridge Health Alliance – Somerville Campus	143	2108	143
Cambridge Health Alliance – Whidden Memorial Campus	142	2108	142
Cape Cod Health System – Cape Cod Hospital	39	2135	
Cape Cod health System – Falmouth Hospital	40	2289	
Caritas Carney Hospital	42	2003	
Caritas Good Samaritan Medical Center	62	2101	
Caritas Holy Family Hospital	75	2225	
Caritas Norwood Hospital	41	2114	
Caritas St. Anne’s Hospital	114	2011	
Caritas St. Elizabeth’s Hospital	126	2085	

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Children's Hospital	46	2139	
Clinton Hospital	132	2126	
Cooley-Dickinson Hospital	50	2155	
Dana Farber Cancer Center	51	2335	
Emerson Hospital	57	2018	
Fairview Hospital	8	2052	
Faulkner Hospital	59	2048	
Franklin Medical Center	5	2120	
Hallmark Health Systems – Lawrence Memorial Campus	66	2038	
Hallmark Health Systems – Melrose Wakefield Campus	141	2058	
Harrington Memorial Hospital	68	2143	
Health Alliance Hospital	71	2034	
Heywood Hospital	73	2036	
Holyoke Hospital	77	2145	
Hubbard Regional Hospital	78	2157	
Jordan Hospital	79	2082	
Lahey Clinic – Burlington Campus	81	2033	81
Lahey Clinic – North Shore Campus	4448	2033	4448
Lawrence General Hospital	83	2099	
Lowell General Hospital	85	2040	
Marlborough Hospital	133	2103	
Martha's Vineyard Hospital	88	2042	
Mary Lane Hospital	6	2148	
Massachusetts Eye & Ear	89	2167	
Massachusetts General Hospital	91	2168	
Mercy Hospital – Springfield		2150	
Merrimack Valley Hospital	70	2131	
MetroWest – Framingham	49	2020	
MetroWest – Leonard Morse	457	2039	
Milford-Whitinsville Hospital	97	2105	
Milton Hospital	98	2227	

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FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Morton Hospital	99	2022	
Mount Auburn Hospital	100	2071	
Nantucket Cottage	101	2044	
Nashoba Valley Community	52	2298	
New England Baptist Hospital	103	2059	
Newton Wellesley Hospital	105	2075	
Noble Hospital	106	2076	
North Adams Regional Hospital	107	2061	
Northeast – Addison Gilbert	109	2016	
Northeast – Beverly	110	2007	
Quincy Medical Center	112	2151	
Saints Memorial Medical Center	115	2063	
Salem Hospital	116	2014	
Southcoast Health Systems – Charlton Memorial	123	2337	
Southcoast Health Systems – St. Luke's	124	2010	
Southcoast Health Systems – Tobey Hospital	145	2106	
South Shore Hospital	122	2107	
Saint Vincent Hospital	127	2128	
Sturdy Memorial Hospital	129	2100	
Tufts New England Medical Center	104	2299	
UMass. Health – Memorial Hospital Campus	130	2841	130
UMass. Health – UMass. Medical Center Campus	131	2841	131
Union Hospital	3	2073	
Waltham Hospital	54	2067	
Winchester Hospital	138	2094	
Wing Memorial Hospital	139	2181	

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FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Berkshire Medical Center Hillcrest Hosp. & Fairview Hosp.	Berkshire Health System	July 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – As of July 2001, included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Please note that Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges.	July 1996
Hallmark Health – Malden Hospital	Cambridge Health Alliance – Malden’s 42 Psych beds	April 2001 – Now Closed
Hallmark Health – Whidden Memorial Hospital	Cambridge Health Alliance – Whidden Memorial	July 2001
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield and Whidden Memorial Hospital)	Hallmark Health Systems, Inc. – As of July 2001 included just Lawrence Memorial and Melrose Wakefield	October 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November 1994

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**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October 1989
Mercy Hospital Providence Hospital	Sisters of Providence	June 1997
Leonard Morse Hospital Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1992
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	June 1996
Memorial Health Care University of Mass. Medical Center	UMass. / Memorial Medical Center	April 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July 1996

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FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Beth Israel Hospital New England Deaconess Hospital	Beth Israel Deaconess Medical Center	
Glover Memorial Hospital Deaconess-Glover Hospital	Beth Israel Deaconess – Needham	July 2002
Boston City Hospital University Hospital	Boston Medical Center – Harrison Avenue Campus	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed.
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – now includes Cambridge, Somerville & Whidden	
Hallmark Health Systems – Malden & Whidden	Cambridge Health Alliance – Malden & Whidden	Malden now closed.
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
St. Elizabeth's Medical Center	Caritas St. Elizabeth's Medical Center	
Lawrence Memorial Hospital Melrose-Wakefield Hospital	Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	

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FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Bon Secours Hospital	Holy Family Hospital	
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	
Haverhill Municipal (Hale) Hospital	Merrimack Valley Hospital	Essent Health Care purchased this facility in September 2001
Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	Nashoba Valley Hospital	January 2003
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital North Shore Children's Hospital	North Shore Medical Center - Salem	
Union Hospital	North Shore Medical Center - Union	
Quincy City Hospital	Quincy Hospital	
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	

General Documentation
FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Clinton Hospital	UMass. Memorial – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial – Wing Memorial Hospital	
UMass. Medical Center	UMass. Memorial Medical Center	
Waltham-Weston Hospital Deaconess Waltham Hospital	Waltham Hospital	June 2002 Now closed.

General Documentation
FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CLOSURES

HOSPITAL	COMMENTS
Amesbury Hospital	Closed.
Boston Regional Hospital	Closed.
Burbank Hospital	Closed.
Cable Emergency Center	Closed.
Goddard Hospital	Closed.
Hunt Memorial Hospital	Closed. Now outpatient services only.
Ludlow Hospital	Closed.
Lynn Hospital	Closed.
Mary Alley Hospital	Closed.
Massachusetts Osteopathic Hospital	Closed.
Medical Center of Symmes	Closed.
St. Luke's Hospital in Middleborough	Closed.
St. Margaret's Hospital for Women	Closed.
Waltham Hospital	Closed.
Worcester City Hospital	Closed.

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

General Documentation
FY2002 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital – North Shore	Non-acute care hospital

General Documentation
FY2002 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Part C. Revenue Code Mappings

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date.

C) Detailed Description:

- 1) If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATION

A) Conventions:

Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero, then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

**6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
- 4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

- 1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description:

The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description:

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS (*continued*)

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A) If the previous discharge date is greater than the current admission date; OR

B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2002
2. Revenue File Table FY2002
3. Data Code Tables FY2002

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using two data elements: ProviderControlID and DischargeID. ProviderControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter. DischargeID is a sequential number that identifies a specific discharge record within a specific provider submission. The combination of ProviderControlID and DischargeID identifies a unique discharge record.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

1. DISCHARGE FILE TABLE – FY2002

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Mass. Dept. Public Health Facility No.	4	MDPHHospNumber
4	Organization ID	4	OrgID
5	Site Number	4	SiteNumber
6	Sex of Patient	1	Sex
7	Race of Patient	1	Race
8	Patient's Employer's Zip Code	9	EmployerZipCode
9	Patient's Resident Zip Code	9	ZipCode
10	Age in Weeks for patient < 1 year	2	NewBornAge
11	Calculated Age	3	Age
12	Newborn Birth Weight (grams)	4	Birthweight
13	Veterans Status	1	VeteransStatus
14	DNR Status	1	DNRStatus
15	Nature of the patient admission	1	AdmissionType
16	Primary Source of Patient Admission	1	AdmissionSourceCode1
17	Secondary Source of Patient Admission	1	AdmissionSourceCode2
18	Outcome of Patient's Hospitalization	2	PatientStatus

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2002 - Continued

#	Data Element	Length	Column
19	Anticipated SOURCE of Hospital Expense Reimbursement	3	PayerCode1
20	Anticipated TYPE of Hospital Expense Reimbursement	1	PrimaryPayerType
21	Secondary SOURCE of Hospital Expense Reimbursement	3	PayerCode2
22	Secondary TYPE of Hospital Reimbursement	1	SecondaryPayerType
23	Day of week patient was admitted	3	AdmissionDayOfWeek
24	Day of week patient was discharged	3	DischargeDayOfWeek
25	Calculated Length of Stay	4	LengthOfStay
26	Administratively Necessary Days	4	NumberOfANDs
27	Leave of Absence Days	4	LeaveOfAbsenceDays
28	NbrOfDiagnosisCodes	3	NumberOfDiagnosisCodes
29	NbrOfProcedureCodes	3	NumberOfProcedureCodes
30	Patient's Medical Record Number	10	MedicalRecordNumber
31	Billing Number	17	HospBillNo
32	Unique Patient Identifier	9	UHIN
33	Medicaid Claim Certificate Number	10	ClaimCertNumber
34	Patient's Birthdate	8	DOB
35	Mother's Unique Patient Identifier	9	MotherSSN
36	Mother's Medical Record Number	10	MotherMedicalRecordNumber
37	Days Between Stays	4	DaysBetweenStays
38	Re-Admission Sequence	3	UHIN_SequenceNo
39	Date of Hospital Admission	8	AdmissionDate
40	Date of Hospital Discharge	8	DischargeDate
41	Period (Quarter) Starting Date		PeriodStartingDate
42	Period (Quarter) Ending Date		PeriodEndingDate
43	Attending Physician ID	7	AttendingPhysID
44	Attending Physician NPI	8	AttendingPhysNPI
45	Attending Physician NPI Location Code	2	AttendingPhysNPILocationCode
46	Operating Physician ID	7	OperatingPhysID
47	Operating Physician NPI	8	OperatingPhysNPI
48	Operating Physician NPI Location Code	2	OperatingPhysNPILocationCode
49	Other Caregiver Code	1	OtherCareGiverCode
50	Other Caregiver NPI	8	OtherCareGiverNPI
51	Other Caregiver NPI Location Code	2	OtherCareGiverNPILocCode
52	External Cause of Injury Code	6	Ecode
53	Total Charges for Routine Accom. Revenue Centers	8	TotalChargesRoutine
54	Total Charges for Special Accom. Revenue Centers	8	TotalChargesSpecial
55	Total Charges for All Revenue Centers	10	TotalChargesAll
56	Total Charges for Ancillary Revenue Centers	8	TotalChargesAncillaries
57	Flag to indicate if discharge passed edits	1	DischargePassed
58	SubmissionPassedFlag	1	SubmissionPassedFlag
59	ED Flag		EDFlagCode
60	Outpatient Observation Stay Flag		OutpatntObsrvStayFlagCode

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2002 - Continued

#	Data Element	Length	Column
61	Special Condition Indicator	1	SpecialConditionIndicator
62	Principal ICD-9-CM Diagnosis Code	6	DiagnosisCode1
63	Associated ICD-9-CM Diag Code I	6	DiagnosisCode2
64	Associated ICD-9-CM Diag Code II	6	DiagnosisCode3
65	Associated ICD-9-CM Diag Code III	6	DiagnosisCode4
66	Associated ICD-9-CM Diag Code IV	6	DiagnosisCode5
67	Associated ICD-9-CM Diag Code V	6	DiagnosisCode6
68	Associated ICD-9-CM Diag Code VI	6	DiagnosisCode7
69	Associated ICD-9-CM Diag Code VII	6	DiagnosisCode8
70	Associated ICD-9-CM Diag Code VIII	6	DiagnosisCode9
71	Associated ICD-9-CM Diag Code IX	6	DiagnosisCode10
72	Associated ICD-9-CM Diag Code X	6	DiagnosisCode11
73	Associated ICD-9-CM Diag Code XI	6	DiagnosisCode12
74	Associated ICD-9-CM Diag Code XII	6	DiagnosisCode13
75	Associated ICD-9-CM Diag Code XIII	6	DiagnosisCode14
76	Associated ICD-9-CM Diag Code XIV	6	DiagnosisCode15
77	Principal ICD-9 Procedure Code	7	ProcedureCode1
78	Principal Procedure Date	8	ProcedureDate1
79	Significant ICD-9 Procedure Code I	7	ProcedureCode2
80	Procedure I Date	8	ProcedureDate2
81	Significant ICD-9 Procedure II Code	7	ProcedureCode3
82	Procedure II Date	8	ProcedureDate3
83	Significant ICD-9 Procedure III Code	7	ProcedureCode4
84	Significant ICD-9 Procedure IV Code	7	ProcedureCode5
85	Significant ICD-9 Procedure V Code	7	ProcedureCode6
86	Significant ICD-9 Procedure VI Code	7	ProcedureCode7
87	Significant ICD-9 Procedure VII Code	7	ProcedureCode8
88	Significant ICD-9 Procedure VIII Code	7	ProcedureCode9
89	Significant ICD-9 Procedure IX Code	7	ProcedureCode10
90	Significant ICD-9 Procedure X Code	7	ProcedureCode11
91	Significant ICD-9 Procedure XI Code	7	ProcedureCode12
92	Significant ICD-9 Procedure XII Code	7	ProcedureCode13
93	Significant ICD-9 Procedure XIII Code	7	ProcedureCode14
94	Significant ICD-9 Procedure XIV Code	7	ProcedureCode15
95	Number of Days in hospital when FIRST procedure performed	5	PreoperativeDays1
96	Number of Days in hospital when SECOND procedure performed	5	PreoperativeDays2
97	Number of Days in hospital when THIRD procedure performed	5	PreoperativeDays3
98	V18 Major Diagnosis Group (MDC)	2	V18_MDC
99	V18 Diagnosis Related Group (DRG)	3	V18_DRG
100	V18 DRG Return Code	1	V18_ReturnCode
101	V18 First OR Procedure Code used by Grouper	7	V18_ORProcedureCode1
102	V18 Second OR Procedure Code used by Grouper	7	V18_ORProcedureCode2

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2002 - Continued

#	Data Element	Length	Column
103	V18 Third OR Procedure Code used by grouper	7	V18_ORProcedureCode3
104	V18 First Non-OR Procedure Code used by Grouper	7	V18_NonORProcedureCode1
105	V18 Second Non-OR Procedure used by Grouper	7	V18_NonORProcedureCode2
106	V18 First Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
107	V18 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
108	V18 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
109	V18 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V18_DiagnosisCodeComplication
110	V18 Major Complication/Comorbidity Indicator	1	V18_Complication
111	V 18 Trauma Registry Indicator		V18_TraumaRegistryIndicator
112	V18 Congenital Malformation Registry Indicator		V18_CongenitalMalformationRegistryIndicator
113	V AP 12 Major Diagnosis Group	2	V12_MDC
114	V AP 12 Diagnosis Related Group (DRG)	3	V12_DRG
115	V AP 12 DRG Return Code	1	V12_ReturnCode
116	V AP 12 First OR Procedure Code used by Grouper	7	V12_ORProcedureCode1
117	V AP 12 Second OR Procedure Code used by Grouper	7	V12_ORProcedureCode2
118	V AP 12 Third OR Procedure Code used by Grouper	7	V12_ORProcedureCode3
119	V AP 12 First Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode1
120	V AP 12 Second Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode2
121	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode1
122	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode2
123	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode3
124	V AP 12 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V12_DiagnosisCodeComplications
125	V AP 12 Major Complication / Comorbidity Indicator	1	V12_Complication
126	V AP 12 Trauma Registry Indicator	1	V12_TraumaRegistryIndicator

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2002 - Continued

#	Data Element	Length	Column
127	V AP 14.1 Major Diagnosis Group (MDC)	2	V141_MDC
128	V AP 14.1 Diagnosis Related Group	3	V141_DRG
129	V AP 14.1 DRG Return Code	1	V141_ReturnCode
130	V AP 14.1 First OR Procedure Code used by Grouper	7	V141_ORProcedureCode1
131	V AP 14.1 Second OR Procedure Code used by Grouper	7	V141_ORProcedureCode2
132	V AP 14.1 Third OR Procedure Code used by Grouper	7	V141_ORProcedureCode3
133	V AP 14.1 First Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode1
134	V AP 14.1 Second Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode2
135	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode1
136	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode2
137	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode3
138	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V141_DiagnosisCodeComplication
139	V AP 14.1 Major Complication / Comorbidity Indicator		V141_Complication
140	V AP 14.1 Trauma Registry Indicator	1	V141_TraumaRegistryIndicator
141	V APR 15 Major Diagnosis Group (MDC)	2	V15_MDC
142	V APR 15 Diagnosis Related Group (DRG)	3	V15_DRG
143	V AP 15 DRG Return Code	1	V15_ReturnCode
144	V AP 15 First OR Procedure Code used by Grouper	7	V15_ORProcedureCode1
145	V AP 15 Second OR Procedure Code used by Grouper	7	V15_ORProcedureCode2
146	V AP 15 Third OR Procedure Code used by Grouper	7	V15_ORProcedureCode3
147	V AP 15 First Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode1
148	V AP 15 Second Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode2
149	V AP 15 First Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode1
150	V AP 15 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode2
151	V AP 15 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode3
152	V APR 15 Patient Severity Subclass	1	V15_Severity
153	V APR 15 patient Severity Diagnosis Buffer	30	V15_SeverityDiagnosisBuffer
154	V APR 15 Patient Mortality Subclass	1	V15_Mortality
155	V APR 15 Patient Mortality Diagnosis Buffer	30	V15_MortalityDiagnosisBuffer

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

2. REVENUE FILE TABLE - FY2002

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Revenue Code Type	3	
4	LineItem	10	
5	UB-92 Revenue Code 111	4	RevenueCode
6	Units of Service for Revenue Center 111	7	UnitsOfService
7	Charges for Revenue Center 111	10	TotalCharges

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

Type of Admission Codes:

* TYPEADM CODE	*Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Source of Admission Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (*Continued*)

Patient Status Codes:

Departure Status Code	Departure Status Description
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Veteran's Status Codes:

*VESTA CODE	* Veterans Status Definition
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

DNR Codes:

* DNR CODE	Do Not Resuscitate Status Definition
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Special Care Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

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PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

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PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

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PART B. DATA FILE SUMMARY

3. **INPATIENT DATA CODE TABLES (Continued)**

Other Caregiver Codes:

* OTH CARE CODE	* Type of Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

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PART C. REVENUE CODE MAPPINGS

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PART C. REVENUE CODE MAPPINGS

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

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PART C. REVENUE CODE MAPPINGS

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

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PART C. REVENUE CODE MAPPINGS

340 NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

360 OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General
381 Packed Cells
382 Whole Blood
389 Other

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FY2002 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General

***391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

Technical Documentation
FY2002 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

470 AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

480 CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

540 AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

710 RECOVERY ROOM:

710 General
719 Other

720 LABOR AND DELIVERY:

720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

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PART C. REVENUE CODE MAPPINGS

730 EKG/ECG:

730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

740 EEG:

740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General
801 Inpatient Dialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement In House
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis-Self Care
812 Peritoneal Dialysis-Self Care
813 Under Arrangement In House-Self Care
814 In Unit Lab-Self-Care
880 Miscellaneous Dialysis
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-Relating Living
866 Cadaver

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PART C. REVENUE CODE MAPPINGS

900 PSYCHOLOGY AND PSYCHIATRY:

900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology/Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology
***490 Ambulatory Surgery
***499 Other Ambulatory Surgery
***510 Clinic
***511 Chronic Pain Center
***512 Dental Clinic
***519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room-General
709 Cast Room-Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor

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FY2002 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

950 OTHER (Continued):

920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Opthamology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

***Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

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FY2002 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units Of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis-Outpatient or Home
830 Peritoneal Dialysis-Outpatient or Home
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items